

TULARE COUNTY SHERIFF'S DEPARTMENT EXPLORER PROGRAM APPLICATION

CONTINUING CONSENT TO TREATMENT

We the undersigned, the parent(s) /guardian of _____, birth date _____, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ M.D. or any emergency room physician, whether such diagnosis or treatment is rendered at the office of said physician or at any hospital. We further authorize said physician to exercise his discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage tulare county sheriff's department explorer program advisors and said physician to exercise his/ her best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in effect until _____ 20____ (usually minor's eighteen birthday) unless sooner revoked in writing delivered to said physician or said persons entrusted with the custody of said minor.

PLEASE TYPE OR PRINT LEGIBLY

Known allergies: _____

Known medical problems: _____

Father: _____ Mother: _____

Legal Guardian(s): _____

Home address: _____

Telephone: _____

Name of Insurance: _____

Certificate #: _____

Signature: _____ Date: _____

THIS FORM MUST BE NOTORIZED

Subscribed and sworn to before me on this the _____ day of _____

My commission expires: _____

Signature of Notary Public _____